



**DIRECTIONS TO THE UNITED STATES PARK POLICE
ANACOSTIA OPERATIONS FACILITY
1901 ANACOSTIA DRIVE, SE, WASHINGTON, DC. 20020**

FROM BALTIMORE

- Merge onto I-695 S/BALTIMORE BELTWAY OUTER LOOP
- Merge onto I-95 S via exit number 11B toward WASHINGTON
- Take the BALTIMORE-WASHINGTON PKWY exit-exit number 22B toward WASHINGTON
- Merge onto MD-295 S
- Take the HOWARD ROAD exit-exit number 3B toward DOWNTOWN
- Turn RIGHT onto HOWARD RD SE
- Keep RIGHT onto HOWARD RD SE
- Keep RIGHT at the fork in the ramp
- Turn RIGHT onto ANACOSTIA DR. SE

FROM PA

- Merge onto CAPITAL BELTWAY/I-495 S.
- Take the VA-193 exit-exit number 43-44- toward GEORGE WASHINGTON MEMORIAL PKWY/GEORGETOWN PIKE
- Merge onto GEORGE WASHINGTON MEMORIAL PKWY S.
- Take I-395 N toward WASHINGTON
- Merge onto I-295 S via the exit on the left
- Take the MARTIN LUTHER KING JR. AVE. exit on the left toward ANACOSTIA PARK
- Take the ramp toward ANACOSTIA PARK
- Turn RIGHT onto GOOD HOPE RD SE
- Turn RIGHT onto ANACOSTIA DR.

(see back of page)

FROM DC/MD

- Take MD-5 N/BRANCH AVENUE
- Merge onto SUITLAND PKWY SE toward WASHINGTON
- Turn SLIGHT RIGHT onto NAYLOR RD/MD 637 W. Continue to follow NAYLOR RD SE.
- Turn LEFT onto GOOD HOPE RD SE
- Turn RIGHT onto ANACOSTIA DR SE

FROM VIRGINIA

- Take the I-395 N / US -1 exit towards WASHINGTON
- Merge onto I -395 N
- Take the I -295 S exit on the left
- Merge onto I -295 S exit on the left
- Take SOUTHEAST FRWY towards PENNSYLVANIA AVENUE
- Turn RIGHT onto FAIRLAWN AVENUE SE
- Make SLIGHT RIGHT onto NICHOLSON STREET SE
- Turn LEFT on ANACOSTIA DRIVE SE

FROM NEW YORK

- Take the I-95/NJ TURNPIKE
- Keep RIGHT at the fork in the ramp
- Merge onto NEW JERSEY TURNPIKE S (Portions toll)
- NEW JERSEY TURNPIKE S becomes I-95 S (Portions toll)
- Take the I-95 N exit on the left towards WILMINGTON
- Take the I-95 N exit on the left
- Keep RIGHT at the fork ramp
- Merge onto I-95 S (Portions toll)
- Take the I-895 S/HARBOR TUNNEL THRUWAY exit, exit number 62 on the left towards ANNAPOLIS/BAY BRIDGE
- Merge onto HARBOR TUNNEL TRWY
- Take the MD-295 S/BALT/WASH PARKWAY exit, exit number 4 towards BWI AIRPORT
- Merge onto MD - 295 S
- Stay straight to go onto PENNSYLVANIA AVENUE SE
- Turn RIGHT onto FAIRLAWN AVENUE SE
- Turn SLIGHT RIGHT onto NICHOLSON STREET SE
- Turn RIGHT onto ANACOSTIA DRIVE SE

If you have travel problems, please call
202-619-7056 (HR Office),
202-610-3525 (Anacostia Operations Facility), or
202-610-7505 (Communications Section).

United States Park Police
Washington, D.C.
APPLICANT CHECKLIST

ATTENTION APPLICANTS

This checklist is provided to assist you with the organization of the requested information. Failing to provide this information in a timely manner will delay the processing of your application and jeopardize your consideration for employment with the United States Park Police. **Please bring original documents for review, and 1 copy of each document to provide to us. Please provide three photocopies of your driver's license. There will not be a copier available.**

NOTE: THE PERSONAL HISTORY STATEMENT (USPP FORM 1 YOU DOWNLOADED FROM OUR SITE) MUST BE SIGNED, DATED AND NOTARIZED ON PAGE 64.

USE THE FOLLOWING CHECKLIST AS A GUIDE TO COMPLETE THE DOCUMENTS ENCLOSED
The following documents must be completed and provided at the PEB Event:

The following documents must be reviewed by a physician or notarized and ready to present at the PEB Event:

- ___ Information Release Form (*signed by applicant and notarized*)
- ___ Physicians Consent Form (*signed by applicant and signed/stamped by physician prior to taking the PEB*)
- ___ Personal History Statement **** (*Sign last page page 64 and have the document notarized*)

Copies of the following documents must be available for review at the PEB event:

- ___ Pre-appointment Certification Statement for Selective Service Registration (*on USPP letterhead*)
- ___ Credit Release Form (*complete both sides and sign*)
- ___ DD-214 for Veterans preference (*if applicable*)
- ___ SF-180 Request for Military Records (*if applicable*)
- ___ Three copies of your current valid drivers license (*your application cannot be processed without a valid license*)
- ___ Certified Motor Vehicle Driving Record (*provide records from each state you have ever held a drivers license*)
- ___ Tax Return documentation for the past two years
(*Provide proof that you filed you taxes and that each copy is signed, with the filing date*)
- ___ Copies of any SF-50's (Declaration for Federal Employment) *for Merit Status applicants*

Additional information that will be required prior to any Background Investigation:

- | | |
|---|--|
| ___ Original Birth Certificate (<i>provide copy</i>) | ___ Court documents, including: (<i>provide copies</i>) |
| ___ High School Diploma or GED Certificate
(<i>with test scores</i>) | ___ Separation, Divorce, Annulment papers |
| ___ College Diploma and/or Official transcript | ___ Legal Name Change |
| ___ Naturalization Certificate (<i>if applicable</i>) | ___ Adoption |
| ___ Marriage License (<i>provide copy</i>) | ___ Bankruptcy |
| | ___ Criminal/Civil/Traffic Court actions
(<i>if applicable</i>) |



United States Department of the Interior

NATIONAL PARK SERVICE UNITED STATES PARK POLICE

Headquarters
1100 Ohio Drive, S.W.
Washington, D.C. 20024

IN REPLY REFER TO:

INSTRUCTIONS FOR COMPLETING ENCLOSED FORMS

FORM	INSTRUCTION
PHYSICIAN'S CONSENT FORM	<i>This form must be signed and/or stamped by your physician and presented on the scheduled date of your Physical Efficiency Battery (PEB)</i>
INFORMATION RELEASE (USPP FORM 72)	<i>This form must be completed and notarized!</i>
CREDIT REPORT RELEASE FORM	<i>This form must be completed on both pages</i>
UNITED STATES PARK POLICE PERSONAL HISTORY STATEMENT (USPP Form 1)	<i>Read all the instructions carefully and complete this booklet in black ink. The essay must be hand written. This document must be notarized at the appropriate section on the signature page</i>
SF-180 REQUEST OF MILITARY RECORDS	<i>Read the instructions carefully. If this form does not apply to you, return it with the remainder of your application package</i>
PRE-APPOINTMENT CERTIFICATION STATEMENT FOR SELECTIVE SERVICE REGISTRATION	<i>Complete and sign the form. If you are required to register with the Selective Service, you must provide proof of registration. Include your Selective Service Acknowledgement letter, registration card or other documentation showing your selective service registration.</i>
APPLICANT DCOUMENTATION FORM	<i>Complete and sign this form. This form is required of any applicant who may wish to defer employment.</i>
FAILURE TO FOLLOW THESE INSTRUCTIONS WILL DISQUALIFY YOU FROM FURTHER CONSIDERATION OF EMPLOYMENT WITH THE UNITED STATES PARK POLICE	
<u>PLEASE BRING ALL FORMS WITH YOU ON THE SCHEDULED DATE OF THE PEB.</u> IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE HUMAN RESOURCES OFFICE AT (202)619-7056 BETWEEN 9:00 AM AND 5:00 PM MONDAY THROUGH FRIDAY	

THANK YOU FOR YOUR COOPERATION



IN REPLY REFER TO:

United States Department of the Interior

NATIONAL PARK SERVICE UNITED STATES PARK POLICE

Headquarters
1100 Ohio Drive, S.W.
Washington, D.C. 2002

PHYSICIAN'S CONSENT FORM

Dr. _____

_____ is a candidate for employment with the United States Park Police. Prior to and offer of employment, all applicants must successfully complete a physician's fitness assessment.

Physical fitness is assessed by using the Physical Efficiency Battery (PEB). The PEB consists of four measures of physical fitness including: flexibility, determined by sit and reach; agility, measured by negotiating a time obstacle course; muscular strength, determined with one maximal chest press; and cardiovascular endurance, measured by a timed 1.5 mile walk/run.

Please understand that any physical/medical examination that you determine is necessary to complete this form will be at the expense of your patient and not the United States Park Police.

I have examined the individual named above and determined that he/she:

_____ Is cleared to participate in all aspects of the Physical Efficiency Battery.

_____ Is not cleared to participate in all aspects of the Physical Efficiency Battery.

Physician Comments:

Physician's Printed Name/Stamp

Physician's Authorized Signature

Date

Office Telephone Number (w/ area code)

Complete Mailing Address



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PHYSICAL EFFICIENCY BATTERY “WAIVER”

I _____ understand that I am required to undergo and meet the minimum standards the Physical Efficiency Battery (PEB) test as part of the entrance requirements for employment as a United States Park Police Officer.

I have no known medical conditions that prevent me from participating in the PEB exercise,

I also understand and acknowledge that I am required to meet a 70% efficiency score and failure of any individual segment of the PEB is a failure of the entire PEB test.

Date of my last medical examination: _____

Name and address of my medical doctor: _____

What was the purpose of your last medical examination: _____

Are there any medical conditions we need to be aware of?

YES or NO (Circle One) If yes, explain: (*attach documentation as needed*)

Signature

Date



IN REPLY REFER TO:
Revised 6/2014

United States Department of the Interior

NATIONAL PARK SERVICE UNITED STATES PARK POLICE

Headquarters
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Washington, D.C. 20024

INFORMATION RELEASE FORM

TO WHOM IT MAY CONCERN:

DATE: _____

I, _____, authorize the United States Park Police or the Office of Personnel Management to conduct a full field investigation into my background to determine my qualifications for employment as an officer with the United States Park Police. I understand that this permission includes access to and review of any and all records concerning myself irregardless of the confidentiality or whether they are of public or private nature. This authorization is extended to include any and all medical records concerning my physical and mental health. It is my specific intent to provide access to all my personal records and information, no matter how personal or confidential.

I understand that any information ascertain or developed through the use of this release will be used to determine my qualifications to be an officer with the United States Park Police. I further understand that refusal to grant this authorization will constitute a basis for rejection of my application.

INFORMATION REGARDING DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER UNDER PUBLIC LAW 93-579 SECTION 7(b)

Disclosure by you of your social security number (SSN) is mandatory to obtain the services, benefits, or processes that you are seeking. Solicitation of the SSN by the Office of Personnel Management (OPM) is authorized under provisions of Executive Order 9397, dated November 23, 1943. The SSN is used as an identifier throughout your Federal career from the time of application through retirement. It will be used primarily to identify your records that you file with the OPM or agencies. The SSN also will be used by the OPM and other Federal agencies in connection with lawful requests for information about you from your former employers, educational institutions, and financial for other organizations. The information gathered through the use of the number will be used only as necessary in personnel administration processes carried out in accordance with the established regulations and published notices of systems of records. The SSN also will be used for the selections of persons to be included in statistical studies of personnel management matters. The use of the SSN is made necessary because of the large number of present and former Federal employees and applicants who have identical names and birth dates, and whose identifies can only be distinguished by the SSN.

SUBSCRIBED BEFORE ME THIS ____ DAY SIGNED _____

OF _____ 20__ SOCIAL SECURITY NUMBER: _____

(NOTARY PUBLIC)

My commission expires _____

(SEAL)

This form is valid for 1 year from date of notary

Release to Obtain a Credit Report

Fair Credit Reporting Act of 1970, as amended

Please take notice that at one or more consumer credit reports may be obtained for employment purposes pursuant to the Fair Credit Reporting Act, as amended, 15 U.S.C. Section 1681, et. Seq. Should a decision be made not to offer you employment, based either in whole or in part on the consumer credit report, the consumer reporting agency that provided the report played no role in the agency's decision to take such adverse action.

Information provided by you on this form will be furnished to a consumer reporting agency in order to obtain information in connection with an investigation to determine your:

1. Fitness for Federal employment
2. Clearance to perform contractual service for the Federal Government, and/or
3. Security clearance or access

The information obtained may be divulged to other Federal agencies for the purposes and in fulfillment of official responsibilities to the extent that law permits such disclosure.

I hereby authorize the United States Park Police to obtain such report(s) from any consumer/credit-reporting agency for employment purposes.

Print Full Name: _____

Signature: _____ Date: _____

(Complete Page 2 of this form)

Release to Obtain a Credit Report Page 2

Subject Information

Last name: _____

First name: _____

Middle Name: _____

SFX- (i.e. Jr. Sr. I, II, III) _____

SSN: _____

DOB: _____

Home Tel. #: _____

Employer Name: _____

Current occupation: _____

Current home address to include zip code:

Former home address to include zip code:

Because of similarities in name, your social security number is needed to keep accurate records. Executive Order 9397 also asks that Federal agencies use the SSN number to help identify individuals in agency records.



IN REPLY REFER TO:

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APPLICANT DOCUMENTATION FORM

Name:	SSN:
ADDRESS:	TELEPHONE:
DATE OF WRITTEN TEST:	LOCATION:
I am declining employment with the U.S. Park Police because:	
*I would like to defer employment with the United States Park Police because:	
NOTE: If you are deferring employment with the United States Park Police, you must complete this form and return to: Steven R. Somers, Recruiting Sergeant United States Park Police Human Resources Office 1100 Ohio Drive S.W. Room 177 Washington, DC 20024 (202) 619-7056	
* PLEASE KEEP A COPY OF THIS DOCUMENT FOR YOUR RECORDS	
Signature	Date:
Received By:	Date:



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IN REPLY REFER TO:

PRE-APPOINTMENT CERTIFICATION STATEMENT FOR SELECTIVE SERVICE REGISTRATION

Important Notice

If you are a male born after December 31, 1959, and
You want to be employed by the Federal Government
You must (subject to certain exemptions) be registered
with the Selective Service System.

Privacy Act Statement

We need information on your registration with the
Selective Service System to see whether you are
affected by the laws we must follow in deciding who
may be employed by the Federal Government.

Criminal Penalty Statement

A false statement by you may be grounds for not
hiring you, or for firing you after you begin work. Also,
you may be punished by fine or imprisonment
(U.S. Code, Title 18, Section 1001).

Review

If your employing agency has informed you that you
cannot be appointed to a position in an executive
agency because of your failure to register, and you
wish to establish that your non-compliance with the
law was neither knowing nor willful, you may write to:

U.S. Office of Personnel Management
NACI Center
IOD-SAB
Boyers, Pennsylvania 16018

CERTIFICATE OF REGISTRATION STATUS

() I certify that I am registered with the Selective Service System.

Print Registration #: _____ Print Registration Date: _____

() I certify that I am not required to be registered with the Selective Service
System.

Legal Signature (Sign in ink)

Date Signed (Sign in ink)

INSTRUCTION AND INFORMATION SHEET FOR SF 180, REQUEST PERTAINING TO MILITARY RECORDS

1. General Information. The Standard Form 180, Request Pertaining to Military Records (SF180) is used to request information from military records. Certain identifying information is necessary to determine the location of an individual's record of military service. Please try to answer each item on the SF 180. If you do not have and cannot obtain the information for an item, show "NA," meaning the information is "not available." Include as much of the requested information as you can. To determine where to mail this request see Page 2 of the SF180 for record locations and facility addresses.

Online requests may be submitted to the National Personnel Records Center (NPRC) by a veteran or deceased veteran's next of kin using eVetRecs at <http://www.archives.gov/veterans/evetrecs/>.

2. Personnel records and Service Treatment Records (STR). Personnel records of military members who were discharged, retired, or died in service **less than 62 years** ago and STR's are in the legal custody of the military service department and are administered in accordance with rules issued by the Department of Defense and the Department of Homeland Security (DHS, Coast Guard). STR's of persons on active duty are generally kept at the local servicing clinic, and usually are available from the Department of Veterans Affairs approximately 40 days after the last day of active duty. (See item 3, Archival Records, if the military member was discharged, retired or died in service over 62 years ago.)

a. Release of information: Release of information is subject to restrictions imposed by the military services consistent with Department of Defense regulations and the provisions of the Freedom of Information Act (FOIA) and the Privacy Act of 1974. The service member (either past or present) or the member's legal guardian has access to almost any information contained in that member's own record. An authorization signature, of the service member or the member's legal guardian, is needed in Section III of the SF180. Others requesting information from military personnel records and/or STR's must have the release authorization in Section III of the SF 180 signed by the member or legal guardian. If the appropriate signature cannot be obtained, only limited types of information can be provided. If the former member is deceased, surviving next of kin may, under certain circumstances, be entitled to greater access to a deceased veteran's records than a member of the general public. The next of kin may be any of the following: unmarried surviving spouse, father, mother, son, daughter, sister, or brother. Requesters must provide proof of death, such as a copy of a death certificate, letter from funeral home or obituary.

b. Fees for records: There is no charge for most services provided to service members or next of kin of deceased veterans. A nominal fee is charged for certain types of service. In most instances service fees cannot be determined in advance. If your request involves a service fee, you will be notified as soon as that determination is made.

3. Archival Records. Personnel records of military members who were discharged, retired, or died in service **62 or more years** ago have been transferred to the legal custody of NARA and are referred to as "archival" records.

a. Release of Information: Archival records are open to the public. The Privacy Act of 1974 does not apply to archival records, therefore, written authorization from the veteran or next of kin is not required. However, in order to protect the privacy of the veteran, his/her family, and third parties named in the records, the personal privacy exemption of the Freedom of Information Act (5 U.S.C. 552 (b) (6)) may still apply and preclude the release of some information.

b. Fees for Archival Records: Access to archival records is granted by offering copies of the records for a fee (44 U.S.C. 2116 (c)). You will be notified if there is a charge for photocopies of documents contained in the record you are requesting.

4. Where reply may be sent. The reply may be sent to the service member or any other address designated by the service member or other authorized requester.

5. Definitions and abbreviations. DISCHARGED -- the individual has no current military status; SERVICE TREATMENT RECORD (STR) -- The chronology of medical, mental health and dental care received by service members during the course of their military career (does not include records of treatment while hospitalized); TDRL -- Temporary Disability Retired List.

6. Service completed before World War I. National Archives Trust Fund (NATF) forms must be used to request these records. Obtain the forms by e-mail from inquire@nara.gov or write to the Code 6 address on page 2 of the SF 180.

PRIVACY ACT OF 1974 COMPLIANCE INFORMATION

The following information is provided in accordance with 5 U.S.C. 552a(e)(3) and applies to this form. Authority for collection of the information is 44 U.S.C. 2907, 3101, and 3103, and Public Law 104-134 (April 26, 1996), as amended in title 31, section 7701. Disclosure of the information is voluntary. If the requested information is not provided, it may delay servicing your inquiry because the facility servicing the service member's record may not have all of the information needed to locate it. The purpose of the information on this form is to assist the facility servicing the records (see the address list) in locating the correct military service record(s) or information to answer your inquiry. This form is then retained as a record of disclosure. The form may also be disclosed to Department of Defense components, the Department of Veterans Affairs, the Department of Homeland Security (DHS, U.S. Coast Guard), or the National Archives and Records Administration when the original custodian of the military health and personnel records transfers all or part of those records to that agency. If the service member was a member of the National Guard, the form may also be disclosed to the Adjutant General of the appropriate state, District of Columbia, or Puerto Rico, where he or she served.

PAPERWORK REDUCTION ACT PUBLIC BURDEN STATEMENT

Public burden reporting for this collection of information is estimated to be five minutes per request, including time for reviewing instructions and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to National Archives and Records Administration (NHP), 8601 Adelphi Road, College Park, MD 20740-6001. DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. SEND COMPLETED FORMS AS INDICATED IN THE ADDRESS LIST ON PAGE 2 OF THE SF 180.

REQUEST PERTAINING TO MILITARY RECORDS

* Requests from veterans or deceased veteran's next-of-kin may be submitted online by using eVetRecs at <http://www.archives.gov/veterans/evetrecs/> *

(To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. Please print clearly or type.)

SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much as possible.)

1. NAME USED DURING SERVICE (last, first, and middle)		2. SOCIAL SECURITY NO.	3. DATE OF BIRTH	4. PLACE OF BIRTH		
5. SERVICE, PAST AND PRESENT (For an effective records search, it is important that all service be shown below.)						
	BRANCH OF SERVICE	DATE ENTERED	DATE RELEASED	OFFICER	ENLISTED	SERVICE NUMBER (If unknown, write "unknown")
a. ACTIVE COMPONENT						
b. RESERVE COMPONENT						
c. NATIONAL GUARD						
6. IS THIS PERSON DECEASED? If "YES" enter the date of death. <input type="checkbox"/> NO <input type="checkbox"/> YES _____				7. IS (WAS) THIS PERSON RETIRED FROM MILITARY SERVICE? <input type="checkbox"/> NO <input type="checkbox"/> YES		

SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED

1. CHECK THE ITEM(S) YOU WOULD LIKE TO REQUEST A COPY OF:

- ☐ **DD Form 214 or equivalent.** This form contains information normally needed to verify military service. A copy may be sent to the veteran, the deceased veteran's next of kin, or other persons or organizations if authorized in Section III, below. NOTE: If more than one period of service was performed, even in the same branch, there may be more than one DD214. **Check the appropriate box below to specify a deleted or undeleted copy.** When was the DD Form(s) 214 issued? YEAR(S):
- ☐ **UNDELETED:** Ordinarily required to determine eligibility for benefits. Sensitive items, such as, the character of separation, authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and dates of time lost are usually shown.
- ☐ **DELETED:** The following items are deleted: authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and for separations after June 30, 1979, character of separation and dates of time lost.
- ☐ **All Documents in Official Military Personnel File (OMPF)**
- ☐ **Medical Records** (Includes Service Treatment Records (outpatient), inpatient and dental records.) If hospitalized, provide facility name and date for each admission:
- ☐ **Other** (Specify):

2. PURPOSE: (An explanation of the purpose of the request is **strictly voluntary**; however, such information may help to provide the best possible response and may result in a faster reply. Information provided will in no way be used to make a decision to deny the request.) Check appropriate box:

- ☐ Benefits ☐ Employment ☐ VA Loan Programs ☐ Medical ☐ Medals/Awards ☐ Genealogy ☐ Correction ☐ Personal
- ☐ Other, explain:

SECTION III - RETURN ADDRESS AND SIGNATURE

1. REQUESTER IS: (Signature Required in # 3 below of veteran, next of kin, legal guardian, authorized government agent or "other" authorized representative. If "other" authorized representative, provide copy of authorization letter.)

- ☐ Military service member or veteran identified in Section I, above
- ☐ Next of kin of deceased veteran (Must provide proof of death).
- ☐ Legal guardian (Must submit copy of court appointment.)
- ☐ Other (specify) _____

Show relationship: _____

(See item 2a on accompanying instructions.)

2. SEND INFORMATION/DOCUMENTS TO:

(Please print or type. See item 4 on accompanying instructions.)

3. AUTHORIZATION SIGNATURE REQUIRED (See items 2a or 3a on accompanying instructions.) I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this Section III is true and correct.

Name _____

Street _____ Apt. _____

City _____ State _____ Zip Code _____

Signature Required - Do not print

()

Date of this request _____ Daytime phone _____

Email address _____

LOCATION OF MILITARY RECORDS

The various categories of military service records are described in the chart below. For each category there is a code number which indicates the address at the bottom of the page to which this request should be sent. Please refer to the Instruction and Information Sheet accompanying this form as needed.

BRANCH	CURRENT STATUS OF SERVICE MEMBER	ADDRESS CODE	
		Personnel Record	Service Treatment Record
AIR FORCE	Discharged, deceased, or retired before 5/1/1994	14	14
	Discharged, deceased, or retired 5/1/1994 – 9/30/2004	14	11
	Discharged, deceased, or retired on or after 10/1/2004	1	11
	Active (including National Guard on active duty in the Air Force), TDRL, or general officers retired with pay	1	
	Reserve, retired reserve in nonpay status, current National Guard officers not on active duty in the Air Force, or National Guard released from active duty in the Air Force	2	
	Current National Guard enlisted not on active duty in the Air Force	13	
COAST GUARD	Discharge, deceased, or retired before 1/1/1898	6	
	Discharged, deceased, or retired 1/1/1898 – 3/31/1998	14	14
	Discharged, deceased, or retired on or after 4/1/1998	14	11
	Active, reserve, or TDRL	3	
MARINE CORPS	Discharged, deceased, or retired before 1/1/1905	6	
	Discharged, deceased, or retired 1/1/1905 – 4/30/1994	14	14
	Discharged, deceased, or retired 5/1/1994 – 12/31/1998	14	11
	Discharged, deceased, or retired on or after 1/1/1999	4	11
	Individual Ready Reserve	5	
	Active, Selected Marine Corps Reserve, TDRL	4	
ARMY	Discharged, deceased, or retired before 11/1/1912 (enlisted) or before 7/1/1917 (officer)	6	
	Discharged, deceased, or retired 11/1/1912 – 10/15/1992 (enlisted) or 7/1/1917 – 10/15/1992 (officer)	14	14
	Discharged, deceased, or retired after 10/16/1992	14	11
	Reserve; or active duty records of current National Guard members who performed service in the U.S. Army before 7/1/1972	7	
	Active enlisted (including National Guard on active duty in the U.S. Army) or TDRL enlisted	9	
	Active officers (including National Guard on active duty in the U.S. Army) or TDRL officers	8	
	Current National Guard enlisted and officer not on active duty in Army (including records of Army active duty performed after 6/30/1972)	13	
NAVY	Discharged, deceased, or retired before 1/1/1886 (enlisted) or before 1/1/1903 (officer)	6	
	Discharged, deceased, or retired 1/1/1886 – 1/30/1994 (enlisted) or 1/1/1903 – 1/30/1994 (officer)	14	14
	Discharged, deceased, or retired 1/31/1994 – 12/31/1994	14	11
	Discharged, deceased, or retired on or after 1/1/1995	10	11
	Active, reserve, or TDRL	10	
PHS	Public Health Service - Commissioned Corps officers only	12	

ADDRESS LIST OF CUSTODIANS (BY CODE NUMBERS SHOWN ABOVE) – Where to write/send this form

1	Air Force Personnel Center HQ AFPC/DPSSRP 550 C Street West, Suite 19 Randolph AFB, TX 78150-4721	6	National Archives & Records Administration Old Military and Civil Records (NWCTB-Military) Textual Services Division 700 Pennsylvania Ave., N.W. Washington, DC 20408-0001	11	Department of Veterans Affairs Records Management Center P.O. Box 5020 St. Louis, MO 63115-5020
2	Air Reserve Personnel Center /DSMR HQ ARPC/DPSSA/B 6760 E. Irvington Place, Suite 4600 Denver, CO 80280-4600	7	U.S. Army Human Resources Command ATTN: AHRC-PAV-V 1 Reserve Way St. Louis, MO 63132-5200	12	Division of Commissioned Corps Officer Support ATTN: Records Officer 1101 Wootton Parkway, Plaza Level, Suite 100 Rockville, MD 20852
3	Commander, CGPC-adm-3 USCG Personnel Command 4200 Wilson Blvd., Suite 1100 Arlington, VA 22203-1804	8	U.S. Army Human Resources Command ATTN: AHRC-MSR 200 Stovall Street Alexandria, VA 22332-0444	13	The Adjutant General (of the appropriate state, DC, or Puerto Rico)
4	Headquarters U.S. Marine Corps Personnel Management Support Branch (MMSB-10) 2008 Elliot Road Quantico, VA 22134-5030	9	Commander USAEREC ATTN: PCRE-F 8899 E. 56th St. Indianapolis, IN 46249-5301	14	National Personnel Records Center (Military Personnel Records) 9700 Page Ave. St. Louis, MO 63132-5100
5	Marine Corps Mobilization Command 15303 Andrews Road Kansas City, MO 64147-1207	10	Navy Personnel Command (PERS-312E) 5720 Integrity Drive Millington, TN 38055-3120		http://www.archives.gov/veterans/evetrecs/

ATTENTION APPLICANTS

**THE USPP FORM 1 (PHS)
MUST BE COMPLETED,
SIGNED, DATED
& NOTARIZED ON PAGE 64**

**HUMAN RESOURCES ,
INVESTIGATOR
FAX NUMBER
(202) 619-7090**

**APPLICANT
INVESTIGATIONS
CONTACT TELEPHONE :

(202) 619-7056**

Selection Process

One of the most difficult challenges for both candidates and recruits are the physical requirements of the Police Officer examination and the Police Academy. Physical conditioning is stressed because of the physical demands placed upon officers in the field.

YOU MUST pass the physical fitness battery of tests to proceed to the next phase. [The PEB](#) consists of the following steps:

1. [Body Weight Pushed Standard](#) - Muscular strength determined with ONE maximal repetition chest press. Applicant will have ***five (5) attempts***
2. [Trunk Flexion Standards](#) - Flexibility determined by seated forward flexion (sit and reach) evaluation. Applicant will have ***two (2) attempts***
3. [Agility Run Standards](#) - Agility measured by negotiating a timed obstacle course (Illinois agility course). Applicant will have ***two (2) attempts***
4. [1.5 Mile Run Standard](#) - Cardiovascular endurance measured with a timed 1.5 mile walk/run. Applicant will have ***one (1) attempt***



WHY I WANT TO BE A UNITED STATES PARK POLICE OFFICER

DIRECTIONS FOR ESSAY Personal History Statement (Part XVI)

YOU MUST WRITE an essay of at least 200 words on why you want to be a United States Park Police Officer. You may include any information you feel is important, but you must address the topics listed below.

Your essay will be evaluated on your ability to write and your ability to express ideas clearly by using correct grammar and spelling. Please be sure to type in the form or write legibly.

Add any additional pages for the essay as needed. Please print your name and date on each page after printing. Make sure that any added pages are included in the notary review of the entire Personal History Statement.

Essay points:

Describe in your own words:

- Why you want to be a United States Park Police Officer?
- How did you hear about the United States Park Police?
- What do you think your role as a park police officer shall be?
- What are your career aspirations/expectations as a United States Park Police Officer?



United States Department of the Interior

NATIONAL PARK SERVICE UNITED STATES PARK POLICE

Headquarters
1100 Ohio Drive, S.W.
Washington, D.C. 20024

IN REPLY REFER TO:

October 30, 2009

Memorandum

To: All U.S. Park Police Applicants

From: Commander, Human Resources Office

Subject: Disqualification for Misdemeanor Convictions for Domestic Violence

There has been a change in the law pertaining to possession of firearms or ammunition. On September 30, 1996, Title 18 U.S.C. Section 922 (g) (9) took effect, making it a felony for anyone who has been convicted of a misdemeanor crime of domestic violence to possess a firearm or ammunition. Thus, any law enforcement officer and other government employees who have been convicted of a domestic violence misdemeanor may not lawfully possess or receive firearms or ammunition for any purpose, including performance of their official duties.

Attached to this memorandum is a qualification inquiry that must be completed and returned to the Human Resources representative processing your investigative forms. Failure to provide the requested information will result in automatic disqualification as an applicant with the United States Park Police. If you have any questions pertaining to this legislation, please contact Sergeant Steven R. Somers at (202)619-7056.

Ms. Joyce M. Sasser
Human Resources Officer,
Office of Human Resources

Certification:

To resolve any question of whether you are affected by the statute, that is, whether you have ever been convicted of a misdemeanor crime of domestic violence within the meaning of the statute, you should contact a United States Park Police Personnel representative or a private attorney.

Please answer the following questions:

1. Have you ever been convicted of a misdemeanor crime of domestic violence?

YES _____

NO _____

NOT SURE _____

Full Signature and Date

2. If you answered “YES” to the first question, please provide the following information with respect to the conviction:

Court/Jurisdiction: _____

Docket/Case Number: _____

Statute/Charge: _____

Date Sentenced: _____

3. If you answered “YES” to the first question, was that conviction expunged or set aside or have you been pardoned for the offense?

YES _____

NO _____

Full Signature and Date

APPLICANT'S FULL NAME (PRINT) _____

APPLICANT'S FULL SIGNATURE _____

WITNESS' SIGNATURE & DATE _____